



2016 Multiple Sclerosis Rx Review Guide

If you or a family member covered under your health plan has a diagnosis of multiple sclerosis, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide developed by the District of Columbia Department of Insurance, Securities and Banking provides an overview of 13 commonly prescribed drugs to treat multiple sclerosis. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug formulary tier.

Each insurance company uses different language to explain its drug tiering. Reference the chart on the next page alongside your potential plans' Summary of Benefits and Coverage (SBC) to get an idea of your out-of-pocket prescription cost. Generally, the key below the chart displays tiers from least expensive (often generic drugs) to most expensive (often specialty drugs). Once you have identified the drug's cost-sharing tier, use each plan's SBC on DC Health Link to find the actual out-of-pocket cost-sharing of the drug.

In rare cases, a drug on one company's higher cost tier (e.g., Non-Preferred Brand) may in fact cost less than the same drug placed on another company's lower cost tier (e.g., Preferred Brand). As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.



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Reference your Summary of Benefits Coverage when comparing these plans.

Covered Multiple Sclerosis Drugs	District of Columbia Insurance Companies			
	Aetna	CareFirst	Kaiser Permanente	United Healthcare
Injectable Treatments				
Avonex	SP ^{xo}	SP ^o	PB	PB ^o
Betaseron	SP ^{xo}	SP ^o	SP	PB ^o
Copaxone	PB ^o (40 mg) / SP ^{xo} (20 mg)	SP ^o	NP	PB ^o
Extavia	SP ^{xo}	SP ^o	SP	Not Covered ^{xo*}
Glatopa	G ^o	SP ^o	PB	Not Covered ^{xo*}
Plegridy	SP ^{xo}	SP ^o	G	Not Covered ^{xo*}
Rebif	PB ^o	SP ^o	PB	NP ^{xo}
Oral Treatments				
Aubagio	SP ^{xo}	SP ^o	SP	NP ^{xo}
Gilenya	PB ^o	SP ^o	SP	NP ^{xo}
Tecfidera	SP ^{xo}	SP ^o	SP	PB ^o
Intravenous Infusion Treatment				
Lemtrada	SP ^{xo}	Med	Med	Med
Mitoxantrone	NP	Med	Med	Med
Tysabri	SP ^{xo}	Med ^o	Med	Med

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.

Key				
	Aetna	CareFirst	Kaiser	United
G	Preferred Generic	Generic	Generic	Tier 1
PB	Preferred Brand	Preferred Brand	Preferred Brand	Tier 2
NP	Non-preferred generic/brand	Non-preferred brand	Non-preferred brand	Tier 3
SP	Preferred/non-preferred specialty	Specialty	Specialty	N/A

A note on cost-sharing: All plans offer a discount for accessing a 90-day supply (three months) of a medication instead of a 30-day supply (one month), often equal to one month free.

^xStep Therapy is required, carrier may require the use of a more cost-effective or safer drug before progressing to other more costly or riskier drugs.

^oPrior Authorization: This drug requires pre-authorization from the insurance company.

*If these medications are required in place of other covered medications, such as in the result of a medical necessity review, the cost-share will be the highest tier (Tier 3 for United) and not necessarily in the tier of the therapy being replaced.



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